Columbus Parks and Recreation Department Consent to Medical Treatment For Minor

I, Parent/Legal Guardian of :

Address:	
City:	
State:	
Zip:Phon	10:
auardian of above nam	am the natural parent/legal aed minor,
Age: Birth Date	: wno
	se of illness or accident, I
authorize a representat	
	e minor to the Columbus Regional
Hospital or designated	
For whatever medical o	r surgical attention is required.
Signature of Parent/leg	gal gvardian:
Date:	_
Childs Dr:	Phone:
Child's Allergies:	
Last Tetnus:	_ Medications:
Personal Insurance Co:	
Member ID#	
Subscriber:	DOB
	VAIVER FOR HAMILTON CENTER ACTIVITIES
I, as a participant or le	gal guardian representing a minor
participant, agree to re	lease the City of Columbus, its
officers, employees, an	d volunteers from any and all
liability for accidents, i	njuries, loss of and/or damage to
	erty that may arise out of my/our
	our presence at the above activity.
	ere are certain risks or possible
dangers in participating	a in this mativity. I have subsuad
into this agreement of	

If you are mailing payment, please mail to
Hamilton Center Ice Arena
PO Box 858
Columbus, IN 47202

Date

Date

Minor's Signature

Parent/guardian

Mite/Squirt/PeeWee Ages 6-12

This program will emphasize the skills of skating, puck control, passing, and receiving with team concepts in a fun entertaining atmosphere.

This Program Includes:

- Video taping of skating skills
- Three hours of ice time daily
- One hour of supervised off-ice activity
- Power skating, skill sessions, team play sessions, and controlled scrimmages
- Off-ice sessions that include video tape replay, instructional tapes, chalk talks and rules instruction
- A "big final game" will be held on Friday night to close the school. Everyone is encouraged to come, watch, and enjoy!

The Schedule:

Camp will run from July 14-18

Arrive & Dress	12:00	P <i>N</i>
On-Ice	1:00	P <i>N</i>
Class/Snack	3:00	P <i>N</i>
On-Ice	4:00	P <i>N</i>
Program Ends	5:00	P <i>N</i>

Columbus Parks & Recreation Hockey Camp 2014



Featuring instructors from: Culver Academy

PROGRAM:
July 14-18, 2014
Mite/Squirt/Peewee
Ages 6-12
Hamilton Center Ice Arena
2501 Lincoln Park Drive
Columbus, IN

About Our Hockey School

The school will feature a instructor that currently coaches at Culver Academy in Culver, Indiana. There will be one program which will offer three hours of ice time and one hour of off-ice supervised activities including the use of video-tape, position play instruction all combined into a fun, controlled atmosphere.

Location

The school will be held at Hamilton Center Ice Arena in Columbus, Indiana. Hamilton Center features a full size main rink, a studio rink, locker rooms, a modern fully stocked pro-shop and concessions stand.

Ages/Structure
Mite/Squirt/Peewee Ages 6-12

Group is limited to 36 skaters and 4 goalies....enroll now!!!

The Instructor

They key to any hockey school is the instructor and we are honored to have an accomplished professional to lead our school:

Mike Norton is currently coaching at the nationally acclaimed CULVER ACADEMY Prep School. Mike is a former Division I hockey player at Miami University, assistant coach for UNIVERSITY OF WISCONSIN-RIVER FALLS and MIAMI of OHIO REDHAWKS. Mike brings 34 years of teaching/coaching experience to the school.

Goaltenders

The goalies will not just be targets, but rather receive quality instruction on the physical and mental skills required for the position.

Equipment

All players, including goaltenders, must provide their own equipment. Each player will receive a Culver Hockey jersey which they can keep.

Skate sharpening is available at Hamilton Center (\$5 overnight, \$8 same day).

Snacks

Snacks can be purchased from the Hamilton Center snack bar. A spacious picnic area is available for use. Snacks are not included in tuition

Fee Structure

Program Tuition per player.....\$225

Insurance Information

Each player must have their own medical insurance. Hamilton Center Ice Arena and all staff will not be responsible for any medical or dental expenses.

Registration

All players must register one hour prior to their first session on Monday.

Camp Reservation Form

Player's Name		
Address		
City State		
Zip Code		
Phone ()		
Email Address		
Player's Birthdate		
Player's Position(circle one)		
Height Weight		
Years of experience		
Program Fee: \$225.00		
Amount Enclosed		
A minimum \$50.00 non-refundable fee must be received before July 1st, 2014 to assure the player will have a reservation in the school.		

Make all checks payable to: Columbus Parks and Recreation.